

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # K52651 (2)

1. Corporation Name

HIALEAH NURSING CARE, INC.

Principal Place of Business

520 EAST 57 ST
HIALEAH FL 33013

Mailing Address

520 EAST 57 ST
HIALEAH FL 33013



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
12/20/1988	03/16/1995
4. FEI Number	Applied For
59-2920939	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent

BARRIAL, SUSANA
520 E. 57 ST
HIALEAH FL 33013-8354

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and date of filing. (NAME: Registered Agent signature required when re-filing) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRIAL, NORMA A.	1.2 NAME	
STREET ADDRESS	520 E. 57 ST	1.3 STREET ADDRESS	
CITY-STATE-ZIP	HIALEAH FL	1.4 CITY-STATE-ZIP	
TITLE	SO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRIAL, SUSANA	2.2 NAME	
STREET ADDRESS	520 E. 57 ST	2.3 STREET ADDRESS	
CITY-STATE-ZIP	HIALEAH FL	2.4 CITY-STATE-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOSADA, NORMA B.	3.2 NAME	
STREET ADDRESS	520 E. 57 ST	3.3 STREET ADDRESS	
CITY-STATE-ZIP	HIALEAH FL	3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change 1, or on an attachment with an address.

SIGNATURE:

Norma G. Barrial

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORMA A. BARRIAL

NORMA A. BARRIAL

PRESIDENT

DATE

Daytime Phone

CR2E034 (12/95)